



DPH ICD-10 IMPLEMENTATION PROJECT



ICD-10-CM FAMILY PLANNING CODING TRAINING WORKBOOK *FOR LOCAL HEALTH DEPARTMENTS AND RURAL HEALTH CLINICS* (WITH ANSWERS)

WBS 2.5

Version 1.0

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Change History

Version Number & Date	Version Description	Version Author
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Table of Contents

1.	ICD-10-CM: THE CHAPTERS	5
2.	ICD-10-CM: THE CHAPTER BLOCKS FOR STD, HIV AND COMMUNICABLE DISEASE	6
2.1	CHAPTER 18 – SYMPTOMS, SIGNS AND ABNORMAL CLINICAL AND LABORATORY FINDINGS, NOT ELSEWHERE CLASSIFIED (R00-R99)	6
2.2	CHAPTER 19 – INJURY, POISONING, AND CERTAIN OTHER CONSEQUENCES OF EXTERNAL CAUSES (S00-T88) ..	7
2.3	CHAPTER 21 – FACTORS INFLUENCING HEALTH STATUS AND CONTACT WITH HEALTH SERVICES (Z00-Z99) ...	8
2.4	THE BASICS: CODING STEPS	9
2.5	CODING TOBACCO USE AND NICOTINE DEPENDENCE (ICD-9-CM vs ICD-10-CM)	10
2.6	GUIDANCE ON CODING ADVERSE EFFECTS, POISONING, UNDERDOSING AND TOXIC EFFECT	11
3.	FAMILY PLANNING – CHAPTERS 18, 19 AND 21	13
3.1	REVIEW QUESTIONS	13
3.2	CODING EXERCISES	14
4.	TRAINING EVALUATION	16

1. ICD-10-CM: The Chapters

Chapter #	Description	Range of Codes
1	Certain infectious and parasitic diseases	A00-B99
2	Neoplasms	C00-D49
3	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	D50-D89
4	Endocrine, nutritional and metabolic diseases	E00-E89
5	Mental, Behavioral and Neurodevelopmental disorders	F01-F99
6	Diseases of the nervous system	G00-G99
7	Diseases of the eye and adnexa	H00-H59
8	Diseases of the ear and mastoid process	H60-H95
9	Diseases of the circulatory system	I00-I99
10	Diseases of the respiratory system	J00-J99
11	Diseases of the digestive system	K00-K95
12	Diseases of the skin and subcutaneous tissue	L00-L99
13	Diseases of the musculoskeletal system and connective tissue	M00-M99
14	Diseases of the genitourinary system	N00-N99
15	Pregnancy, childbirth and the puerperium	O00-O9A
16	Certain conditions originating in the perinatal period	P00-P96
17	Congenital malformations, deformations and chromosomal abnormalities	Q00-Q99
18	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	R00-R99
19	Injury, poisoning and certain other consequences of external causes	S00-T88
20	External causes of morbidity	V00-Y99
21	Factors influencing health status and contact with health services	Z00-Z99

2. ICD-10-CM: The Chapter Blocks for STD, HIV and Communicable Disease

2.1 Chapter 18 – Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)

R00-R09 Symptoms and signs involving the circulatory and respiratory systems	R50-R69 General symptoms and signs
R10-R19 Symptoms and signs involving the digestive system and abdomen	R70-R79 Abnormal findings on examination of blood, without diagnosis
R20-R23 Symptoms and signs involving the skin and subcutaneous tissue	R80-R82 Abnormal findings on examination of urine, without diagnosis
R25-R29 Symptoms and signs involving the nervous and musculoskeletal systems	R83-R89 Abnormal findings on examination of other body fluids, substances and tissues, without diagnosis
R30-R39 Symptoms and signs involving the genitourinary system	R90-R94 Abnormal findings on diagnostic imaging and in function studies, without diagnosis
R40-R46 Symptoms and signs involving cognition, perception, emotional state and behavior	R97 Abnormal tumor markers
R47-R49 Symptoms and signs involving speech and voice	R99 Ill-defined and unknown cause of mortality

2.2 Chapter 19 – Injury, poisoning, and certain other consequences of external causes (S00-T88)

S00-S09 Injuries to the head	T15-T19 Effects of foreign body entering through natural orifice
S10-S19 Injuries to the neck	T20-T32 Burns and corrosions
S20-S29 Injuries to the thorax	T20-T25 Burns and corrosions of external body surface, specified by site
S30-S39 Injuries to the abdomen, lower back, lumbar spine, pelvis and external genitals	T26-T28 Burns and corrosions confined to eye and internal organs
S40-S49 Injuries to the shoulder and upper arm	T30-T32 Burns and corrosions of multiple and unspecified body regions
S50-S59 Injuries to the elbow and forearm	T33-T34 Frostbite
S60-S69 Injuries to the wrist, hand and fingers	T36-T50 Poisoning by, adverse effect of and underdosing of drugs, medicaments and biological substances
S70-S79 Injuries to the hip and thigh	T51-T6 Toxic effects of substances chiefly nonmedicinal as to source
S80-S89 Injuries to the knee and lower leg	T66-T78 Other and unspecified effects of external causes
S90-S99 Injuries to the ankle and foot	T79 Certain early complications of trauma
T07 Injuries involving multiple body regions	T80-T88 Complications of surgical and medical care, not elsewhere classified
T14 Injury of unspecified body	

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region	
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2.3 Chapter 21 – Factors influencing health status and contact with health services (Z00-Z99)

Z00-Z13 Persons encountering health services for examinations	Z40-Z53 Encounters for other specific health care
Z14-Z15 Genetic carrier and genetic susceptibility to disease	Z55-Z65 Persons with potential health hazards related to socioeconomic and psychosocial circumstances
Z16 Resistance to antimicrobial drugs	Z66 Do not resuscitate status
Z17 Estrogen receptor status	Z67 Blood type
Z18 Retained foreign body fragments	Z68 Body mass index (BMI)
Z20-Z28 Persons with potential health hazards related to communicable diseases	Z69-Z76 Persons encountering health services in other circumstances
Z30-Z39 Persons encountering health services in circumstances related to reproduction	Z77-Z99 Persons with potential health hazards related to family and personal history and certain conditions influencing health status

2.4 The Basics: Coding Steps

Below is the process to follow when looking up codes. It is essential to use both the Alphabetic Index and Tabular List when locating and assigning a code. The Alphabetic Index does not always provide the full code. Selection of the full code, including laterality and any applicable 7th character can only be done in the Tabular List. Even if a dash is not included at the Alphabetic Index entry, it is necessary to refer to the Tabular List to verify if a 7th character is required.

- A. Locate the main term in the Alphabetic Index
 - a. For Chest Cold, Look up “Cold” then go down list to find “Chest”
- B. Scan the main term entry for any instructional notes
 - a. “*see* Bronchitis” so look up “Bronchitis”
- C. In the diagnosis being coded, identify any terms that modify the main term
 - a. Nothing under “Bronchitis J40” relates back to Chest Cold
- D. Follow any cross-reference notes
- E. Always verify the code in the Tabular List
 - a. **Never** begin code searches using Tabular List – may lead to coding errors
 - b. Go to J40 in the Tabular
- F. Follow any instructional notes
 - a. Do any of the instructions apply to Chest Cold?
- G. Select the code
 - a. J40 is the correct code

2.5 Coding Tobacco Use and Nicotine Dependence (ICD-9-CM vs ICD-10-CM)

What is the correct code for tobacco use and nicotine dependence in a cigarette smoker?

ICD-9-CM	ICD-10-CM
Code(s) Assigned	
305.1 Tobacco use disorder	F17.210 Nicotine dependence, cigarettes, uncomplicated
Indexed Terms	
Index: Dependence nicotine 305.1	Index: Dependence (on) (syndrome) -drug NEC --nicotine ---cigarettes F17.210
Code Comparisons	
<ul style="list-style-type: none"> Tobacco abuse, tobacco dependence, and nicotine dependence are all classified to the same code, 305.1 Tobacco use disorder Code assignment is not impacted by the type of tobacco product used Code assignment would be different if the patient is pregnant Code assignment would be different if the patient has a past history of tobacco use instead of a current tobacco use disorder 	<ul style="list-style-type: none"> <i>ICD-10-CM Official Guidelines for Coding and Reporting</i> provides guidance when documentation of substance use, abuse, and dependence appears in the same health record Tobacco use is coded Z72.0 but it would not be reported along with a code from F17 for the nicotine/tobacco dependence per official coding guidelines and Excludes1 note with Z72.0 and F17 Subcategories under F17 identify specific tobacco products and nicotine-induced disorders Code assignment would be different if the patient is pregnant Code assignment would be different if the patient has a past history of tobacco dependence instead of a current dependence on tobacco There is no code for past history of tobacco use, only a code for past history of tobacco dependence Tobacco dependence in remission is coded differently than past history of tobacco dependence
Documentation Needed From Physicians	
<ul style="list-style-type: none"> The provider needs to document that the patient smokes tobacco or uses tobacco Coding Clinic articles provide advice to report 305.1 for a patient who is a smoker (CC 4Q 2009, CC 1Q 2009, CC 2Q 1996, and CC 4Q 1994, and CC Nov-Dec 1984)¹ 	<ul style="list-style-type: none"> The provider needs to specify if the patient is engaging in the use of tobacco or has developed a dependence on tobacco/nicotine Documentation is needed on the type of tobacco product used and whether or not there are nicotine-induced disorders such as remission or withdrawal

This ICD-10 Checkpoint was submitted by Judy Bielby, MBA, RHIA, CPHQ, CCS, clinical assistant professor at the University of Kansas, consultant with Durst & Associates in the Kansas City area, and an AHIMA-approved ICD-10-CM/PCS trainer.

2.6 Guidance on Coding Adverse Effects, Poisoning, Underdosing and Toxic Effect

- Codes in categories T36-T65 are combination codes that include the substance that was taken as well as the intent
- **Do not** code directly from the Table of Drugs and Chemicals. The Alphabetic Index will direct you to the Table of Drugs and Chemicals and then always refer back to the Tabular List
 - From the Tabular, look at the instructional notes at the beginning of the code block as well as the beginning of each category
- Use as many codes as necessary to describe completely all drugs, medicinal or biological substances
- If the same code would describe the causative agent for more than one adverse reaction, poisoning, toxic effect or underdosing, assign the code only once
- The occurrence of drug toxicity is classified in ICD-10-CM as follows:
 - **Adverse Effect** - When coding an adverse effect of a drug that has been correctly prescribed and properly administered
 - assign the appropriate code for the nature of the adverse effect
 - Examples: Tachycardia, delirium, vomiting
 - followed by the appropriate code for the adverse effect of the drug (T36-T50)
 - **Poisoning**-When coding a poisoning or reaction to the improper use of a medication (e.g., overdose, wrong substance given or taken in error, wrong route of administration)
 - First assign the appropriate code from categories T36-T50
 - The poisoning codes have an associated intent as their 5th or 6th character (accidental, intentional self-harm, assault and undetermined)
 - Use additional code(s) for all manifestations of poisonings
 - If there is also a diagnosis of abuse or dependence of the substance, the abuse or dependence is assigned as an additional code

- Examples of **Poisoning**:

- Errors made in drug prescription or in the administration of the drug by provider, nurse, patient, or other person
- Overdose of a drug intentionally taken or administered that results in drug toxicity
- Nonprescribed drug or medicinal agent (e.g., NyQuil) taken in combination with correctly prescribed and properly administered drug - any drug toxicity or other reaction resulting from the interaction of the two drugs would be classified as a poisoning
- Interaction of drug(s) and alcohol causing a reaction would be classified as a poisoning

- **Underdosing**

- Taking less of a medication than is prescribed by a provider or a manufacturer's instruction
- For underdosing, assign the code from categories T36-T50 (fifth or sixth character "6")
 - Example: **T38.2X6- Underdosing of antithyroid drugs**
- Codes for underdosing should never be assigned as first-listed codes
 - If a patient has a relapse or exacerbation of the medical condition for which the drug is prescribed because of the reduction in dose, then the medical condition itself should be coded (e.g., Goiter develops)
- Noncompliance (Z91.12-, Z91.13-) or complication of care (Y63.8-Y63.9) codes are to be used with an underdosing code to indicate intent, if known

3. Family Planning – Chapters 18, 19 and 21

3.1 Review Questions

1. A status code is distinct from a history code.

☐

True

☐False

2. If a client comes in for a Family Planning annual visit and complains of severe headaches, the severe headaches will be first-listed

☐

True

☐False

3. Each health care encounter should be coded based on my knowledge of what was done – not what was documented.

☐

True

☐False

4. Signs and symptoms are acceptable for cases where a more specific diagnosis cannot be made even after all the facts bearing on the case have been investigated.

☐

True

☐False

3.2 Coding Exercises

#	Scenario/Diagnosis	Answer
1	16-year old female comes in requesting to get started on oral contraceptives. Her well child visit 3 weeks ago was unremarkable. Menses are regular, no complaints. She is started on Ortho Tri-Cyclen.	
2	A 28 year old with a history of contraceptive failure resulting in a pregnancy while using a diaphragm, comes in to discuss other methods. She decides that she wants to use Nexplanon.	
3	A 16 year old, never seen in the LHD before, comes in seeking a pregnancy test. The test is positive and 8 weeks gestation. She is referred to Maternal Health.	
4	A 32 year old male is here for his annual Family Planning visit. He and his partner have chosen a non-hormonal IUD as their contraceptive choice and they are happy with their method. During the routine physical exam the provider observes and documents raised veruca cell lesions, .25 cm in diameter with 3-4 in cluster on penile. Dx: Condyloma treated with Trichloroacetic acid (TCA) and return to clinic in 7 days for retreatment. Safe sex and STD prevention were discussed.	
5	Ms. C had an implant inserted 2 weeks ago in her right upper arm and returns to clinic with complaints of pain at insertion site and dizziness; provider examines the insertion site and has a 15 minute discussion re: whether to keep or remove the implant. Ms. C decides not to remove the implant; will return to the office in a month if symptoms continue.	

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6	A 17-year-old established patient seen for “check-up” and initiation of contraception; Menses are regular; no complaints; Sexual debut 6 months ago; 2 lifetime partners; BP checked; vaginal swab for Gonorrhea/Chlamydia (NAAT); Given prescription for Ortho-Evra patch.	
7	A 21 year old female presents to FP clinic for Depo Provera injection. She reports increasing feelings of sadness and hopelessness and has gained 8 pounds since her last visit three months ago. The nurse refers the patient to the clinician for evaluation.	
8	19 year old female in for family planning annual exam. Breast tenderness x 3 months. Findings include ½ cm fibrocystic nodule in left breast and 1 cm mobile nodule in right breast. Right breast ultrasound ordered—possible breast adenoma	
9	Clinic visit for replacement of intrauterine contraceptive device	

4. Training Evaluation

Division of Public Health ICD-10-CM Training Evaluation

1. Please select the category that best describes your profession:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Physician | <input type="checkbox"/> Physician Assistant/FNP | <input type="checkbox"/> Nurse | <input type="checkbox"/> Other Clinician |
| <input type="checkbox"/> Billing/Accounting | <input type="checkbox"/> Health Info Management | <input type="checkbox"/> Administration | <input type="checkbox"/> IT |
| <input type="checkbox"/> Scheduling/Registration | <input type="checkbox"/> Consultant | <input type="checkbox"/> Business/Financial | |
| <input type="checkbox"/> DPH Representative | <input type="checkbox"/> ORHCC Representative | <input type="checkbox"/> Other | |

2. Name of course being evaluated:

- ☐ Basic ICD-10-CM Coding
- ☐ Specialized ICD-10-CM Coding Training – Behavioral Health
- ☐ Specialized ICD-10-CM Coding Training – Child Health, Health Check
- ☐ Specialized ICD-10-CM Coding Training – Family Planning
- ☐ Specialized ICD-10-CM Coding Training – Maternal Health
- ☐ Specialized ICD-10-CM Coding Training – Primary Care, Women’s Health, Chronic Disease, BCCCP
- ☐ Specialized ICD-10-CM Coding Training – STD, HIV, Communicable Disease

3. Venue Type: ☐ Face-to-face in Raleigh ☐ via Webinar by myself ☐ via Webinar with others

Comments related to venue-

4. Will the training help you fulfill your job responsibilities?

☐ Yes ☐ No Comments -

5. Did the combination of lecture, coding exercises and quizzes aid in the learning process?

☐ Yes ☐ No Comments -

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6. Any recommendations on how to improve the training?

☐ Yes ☐ No Comments -

7. Overall, how would you rate the training?

	Great	Good	Average	Fair	Poor
Instructor Knowledge					
Content					
Presentation					

8. Other Comments

Please submit evaluation form to: Sarah.Brooks@dhhs.nc.gov or mail to Sarah Brooks, 5605 Six Forks Rd., Raleigh, NC 27609

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